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**REPORT OF THE EXECUTIVE DIRECTOR FOR 2001:
PROGRAMME HIGHLIGHTS AND REPORT ON NATIONAL CAPACITY-BUILDING ACTIVITIES***

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* The collection and analysis of current data required to present the Executive Board with the most up-to-date information has delayed submission of the present document.



I. OVERVIEW OF MAJOR EVENTS OF 2001

1. The year 2001 was a year of continuity and change for UNFPA. It was the first for Ms. Thoraya Ahmed Obaid, who became the Fund's third Executive Director effective 1 January 2001, and marked the beginning of the final, transition phase of an organization-wide process of reform and realignment.

2. Implementation of **country programmes** accounted for the majority of the Fund's activities in 2001. At year-end, the Fund was implementing activities in approximately 150 countries, including two subregional programmes for countries in the Caribbean and Pacific Islands. UNFPA spent a total of \$144 million on country programmes, and an additional \$27.7 million on regional and interregional programmes. These programmes were carried out in the Fund's three core programme areas of: (a) reproductive health, including family planning and sexual health; (b) population and development strategies; and (c) advocacy. About 70 per cent of programmable resources went to reproductive health activities in 2001. Sub-Saharan Africa accounted for 33.2 per cent of programme assistance, followed by Asia and the Pacific at 32.6 per cent, the Arab States and Europe (13.2 per cent), and Latin America and the Caribbean (9.8 per cent). (For more detail, please see the statistical overview in the addendum to this report.) Wherever possible, country programme activities prioritized building the capacity and self-reliance of governments, non-governmental organizations (NGOs) and other national partners to undertake concerted national action towards sustainable development and improve the quality of life of their people. Section II of this report takes a closer look at the Fund's approach to national capacity building, and highlights selected programme activities in this area in 2001.

3. At her inaugural appearance before the Executive Board in January 2001, the new Executive Director identified three main challenges facing UNFPA: (a) ensuring a financially stable Fund; (b) strengthening the Fund's institutional capacity; and (c) addressing the socio-cultural context of programme development and delivery. At the beginning of her tenure, the Executive Director consulted with UNFPA staff, at headquarters and in the field, to develop a **transition** plan to realign the Fund's strategic vision, structure and operations to better position the organization to address these issues and to respond as flexibly and effectively as possible to other challenges and opportunities. The transition is still under way but considerable progress has already been made towards realizing the change agenda envisaged by the Executive Director. A report on transition activities in 2001 can be found in Section III of this report.

4. **Adolescent reproductive health** was a programming priority, featuring prominently in the 25 new country programmes approved in 2001. The Fund's work in this area focuses on providing young people with critical information, empowering girls, providing youth-friendly services, fostering supportive communities, and encouraging youth participation. Country-level activities took a variety of innovative approaches (see box 1 below). At the global level, substantial inputs were provided for the preparation of the United Nations Youth Forum held in Dakar in August 2001 and the United Nations Special Session on Children (originally planned for September but postponed until May 2002). The Fund contributed to internal and external youth-related technical meetings, such as the African Youth

Alliance Project and, together with the International Planned Parenthood Federation (IPPF), the South-North Partnership on Youth. It collaborated with the Population Council in developing an evidence-based programme review framework on adolescent reproductive health, to be launched with a consultative workshop for Country Technical Service Teams (CSTs), field offices and other partners. Communications were enhanced, via the Internet, between UNFPA headquarters and country offices to enable the Fund to more efficiently provide technical assistance for programmes, as well as materials, tools, and information on successful youth-related projects in other countries. Actions were also taken to build the capacity of CSTs through the development of the Long-Distance Learning Course on Adolescents.

Box 1

Reaching Young People

Information, education and communication (IEC) strategies for behaviour change are critical to most successful efforts to reach adolescents. Schools are the most obvious place to reach young people, and dozens of country programmes work with ministries of education, school systems, NGOs and other partners to help integrate essential information about sexual and reproductive health into curricula and teacher training materials. But UNFPA and its partners also work through a variety of other channels to supplement in-school efforts and to reach the millions of children who are not in school.

In Ecuador, for example, where a majority of adolescents in rural areas do not attend school, outreach strategies have been developed by UNFPA and its partners at the local level, to work directly with the adolescents themselves, their parents, health providers and the community. The newly approved country programme for Mongolia relies on NGOs with experience working with adolescents to help reach out-of-school youth. In Bangladesh, where early marriage and childbearing are common, a UNFPA-supported programme targets newlyweds and other young couples with orientation sessions and counselling. Music videos have been used to tell young girls in the Philippines how to avoid pregnancy. Performing arts programmes have been used to help deliver messages about HIV/AIDS prevention to young people in Jamaica, while a Fund-supported programme in Mozambique promotes youth-to-youth radio programmes on community radio stations. This peer education approach to IEC has also been applied in the Syrian Arab Republic and a number of other programme countries.

5. The Fund played a leading role in the area of **reproductive health commodity security** in 2001 by helping countries to procure quality, low-cost reproductive health supplies. Some 44 urgent requests for supplies were met through the Fund's Global Contraceptive Commodities Programme, a revolving fund designed to maintain stocks of reproductive health commodities for emergency situations. The United Kingdom and the Netherlands contributed \$15 million to help avoid supply shortages in 2001, in addition to the \$80 million they had donated for this purpose in 2000.

Notwithstanding these generous contributions, the Fund's activities in 2001 included a vigorous advocacy effort to raise awareness of the severe shortfall in funding in this critical area. At the global conference "Meeting the Reproductive Health Challenge: Securing Contraceptives and Condoms for HIV/AIDS Prevention" held in Istanbul in May, the Executive Director declared that the funding required for contraceptive commodities in the developing world would rise to \$1.8 billion per year by 2015. In 2001, the Fund led the development of a common framework for determining national capacity to meet the demand for reproductive health commodities, expanded advocacy for resource mobilization, and helped develop technical resources, including mechanisms for early warning of supply shortfalls, as well as standards and training materials. Country offices worked with national partners to develop ways to better identify commodity supply gaps and to coordinate donor, NGO and private sector support. The first in a series of regional meetings to roll out the Fund's new global strategy for reproductive health commodity security was held in November 2001 in Mombasa, Kenya.

Box 2

Guatemala: Passing Legislation to Promote Reproductive Health

UNFPA and its national partners welcomed a major development in Guatemala in 2001 with the passage of the Social Development and Population Law. For the first time ever, reproductive health programmes in Guatemala will be a part of national policy, which means they will no longer have to rely on dwindling foreign aid for funding.

The law is expected to help provide women and men with the knowledge and resources they need to make their own choices about reproductive health and family planning. Guatemala has the highest fertility rate in Latin America, and one of the region's lowest rates of contraceptive use. Maternal mortality is extremely high due to lack of reproductive health information and services, the young age of many first-time mothers, and the close spacing between births. The new law will not only provide for reproductive health services, but will make reproductive health education obligatory in public schools.

The law was approved with the support of a wide array of civil society organizations, including many churches and religious groups that had opposed similar initiatives in the past. In its support for the law, UNFPA worked closely with these and other groups rather than merely forming alliances with organizations in favour of the law. The Fund also helped develop an advocacy strategy that promoted the law as a means of reducing maternal and infant mortality. UNFPA positioned itself as a facilitator, and kept a low profile during negotiations to ensure that the process would be country-led.

6. UNFPA responded to the HIV/AIDS pandemic on various fronts. It identified HIV prevention as an institutional priority, formulated a strategic direction for addressing HIV in its three core

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programme areas, and developed guidelines for national capacity building. At the country and regional level, efforts were intensified to integrate prevention into the reproductive health component of country programmes, especially in the context of adolescent reproductive health. CSTs were staffed with specialists on HIV/AIDS to provide technical support to UNFPA country offices for integrating culturally sensitive HIV/AIDS components into programming, developing guidelines for advocacy, supporting national responses to HIV/AIDS, and enhancing education campaigns. At the global level, the Fund was a key contributor to the United Nations Special Session on HIV/AIDS held in New York from 25 to 27 June. The Fund provided inputs for the Declaration of Commitment on HIV/AIDS, participated in three of the Special Session's four round tables, and organized a high-level panel discussion on gender and HIV/AIDS, chaired by the Executive Director. UNFPA also chaired the United Nations Joint Programme on HIV/AIDS (UNAIDS) Committee of Co-sponsoring Organizations, where it revitalized the issue of support to United Nations staff and dependants living with HIV/AIDS, encouraged greater accountability in collaborative mechanisms, and represented the UNAIDS Co-sponsors during the development of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Regional initiatives included participation in the European Commission/UNFPA Initiative for Reproductive Health in Asia (RHI), which is designed to improve reproductive health information and services in seven Asian countries, and a joint advocacy initiative with UNAIDS to raise awareness, political commitment and financial support among the leaders of countries in sub-Saharan Africa. UNFPA also received the first disbursement of the \$56.7 million pledged by the Bill and Melinda Gates Foundation to reduce the incidence of HIV/AIDS among young people in Botswana, Ghana, Uganda and the United Republic of Tanzania.

Box 3

Communication for Development Roundtable

Against a backdrop of rapidly transforming international response to HIV/AIDS, the Fund organized the Eighth Communication for Development Roundtable in Managua, Nicaragua, in November 2001. The HIV/AIDS communication roundtable was organized with the collaboration of UNESCO and other United Nations agencies, and examined whether current strategies, experience and knowledge are enough to arrest the spread of HIV/AIDS, and what role communicators must play in the future. The three-day roundtable was attended by more than 70 professionals, and provided a platform for a creative exchange of ideas among those working in communications efforts related to HIV/AIDS.

7. As the lead agency for implementing the Programme of Action of the International Conference on Population and Development (ICPD), UNFPA continued its **advocacy** work for universal access to reproductive health care, the right to family planning, empowerment of women, the importance of engaging men as partners in the promotion of reproductive and sexual health and gender equity, the need for reproductive health information and services for adolescents, and the need for national

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governments to adopt and implement sustainable population policies. With a view to strengthening knowledge about what works in advocacy, UNFPA, with funding from the Swedish International Development Agency (Sida), embarked on an initiative to document experiences and lessons learned in advocacy and behaviour change communication initiatives undertaken with men of the armed forces in six countries – Ecuador, Paraguay, Nicaragua, Namibia, Botswana and Madagascar. The findings will be consolidated, published and disseminated to UNFPA country offices and partners to increase understanding of how the armed forces, and men in general, can be enlisted to help improve reproductive and sexual health for women and men and end gender-based violence and the spread of HIV/AIDS.

8. UNFPA also worked at the global level to raise awareness about fistula, a preventable and treatable disease caused by damage to the tissues of the bladder and rectum as a result of prolonged and obstructed labour. The Fund's *Initiative Against Fistula* raises awareness about the condition, its prevention and treatment, advocates for emergency obstetric care, and coordinates communication campaigns to alert communities about the dangers of early marriage and childbearing and the need for timely medical interventions when pregnancy complications arise. UNFPA also expanded its Goodwill Ambassador programme, through which international and national celebrities help raise awareness of reproductive health needs in developing countries. And the Face to Face Campaign, conducted in partnership with the IPPF, was intensified in 2001 as well, to contribute to resource mobilization by creating greater public and political awareness of population issues and organizations by engaging celebrities to help focus attention on advocacy initiatives.

9. Another important advocacy tool, the Fund's annual **State of World Population report**, called for greater efforts to balance human and environmental needs. Entitled *Footprints and Milestones: Population and Environmental Change*, the 2001 report argued that unbalanced consumption and environmental destruction were having a disproportionate impact on the poor, and noted that the world's population, about 6.1 billion as of end-2001, had doubled since 1960 and was projected to increase by another 3 billion by 2050. Two actions were described as central to meeting the challenge of growing population: ensuring the provision of education and health care, including reproductive health care, for all women, and bringing an end to the absolute poverty of the more than one billion people living on less than \$1 a day. The report received significant attention and was considered a vital input to the preparation of the World Summit on Sustainable Development (Rio+10) to be held in Johannesburg in 2002.

Box 4

Population Day

World Population Day is among the most visible and global of the Fund's advocacy events. On 11 July 2001, UNFPA field offices around the world – in collaboration with governments, NGOs, and other partners – helped organize a variety of national and community-level activities to mark the day.

In dozens of countries, UNFPA contributed to a full week of awareness-raising programmes and events. In the Islamic Republic of Iran, these included an electronic and print media campaign, and a number of talks held in mosques, work places, schools and cultural centres. The country office also organized a round table conference, at which President Mohammad Khatami affirmed the Iranian Government's support for UNFPA programming and asserted that even more should be done to "promote young people's knowledge of population issues, reproductive health, and family planning".

Panels related to population, development and environment – the theme for World Population Day 2001 – were held in many places. At UNFPA-sponsored panel discussions in Chad, Papua New Guinea, and other countries, these discussions were broadcast live on national radio, and were covered by major newspapers.

Many countries used the occasion to launch new initiatives dedicated to improving reproductive health. In Pakistan, UNFPA and the Government marked the day by signing an agreement for the first of seven projects, valued at \$7 million, to reduce maternal mortality, improve access to reproductive health services and family planning, and boost knowledge about population issues. In the Occupied Palestinian Territory, the UNFPA country office helped inaugurate a Women's Health Centre and a Youth Development Centre in Hebron.

Children were the focus of many events. The celebration in Uganda included presentations of songs and poems by school children depicting the repercussions of high population growth. Dozens of country offices marked the day by awarding prizes and certificates to the young winners of national poster contests, and officially opened exhibitions of their work. In Kyrgyzstan, hundreds of school children participated in the contest, and the five best works were entered in the Fund's International Poster Contest. Some of the poster contests focused on a specific area; in Nepal, for instance, the subject was how to improve male participation in family planning.

10. As part of a broader effort to better address the unique socio-cultural contexts in which its programmes operate, UNFPA organized a panel of scholars and experts on religion, human rights and international affairs in November to launch a dialogue on the role of **religion and culture** in the

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context of globalization and development. This dialogue was intended to help develop operational approaches that build on the positive cultural values found in different societies, and to find ways to systematically design culturally-sensitive programmes. A UNFPA inter-divisional working group was established to carry out and build on the recommendations and findings of the meeting. The success of the panel led to other activities, including an internal expert consultation on the role of culture and religion in population programming held at UNFPA headquarters in January 2002. This consultation brought headquarters and field staff together to develop a detailed work plan and corresponding strategies for addressing the role of religion and culture in the Fund's main programme areas.

Box 5**Meeting on the Application of Human Rights to Reproductive and Sexual Health**

Significant progress has been made in the past five years in incorporating reproductive rights into the work of the six United Nations treaty bodies, according to human rights experts at a meeting held 25-27 June 2001 in Geneva. Organized by UNFPA and the Office of the United Nations High Commissioner for Human Rights, the meeting assessed progress, obstacles and opportunities in integrating reproductive rights into the treaty bodies' work, and formulated strategies for further advancement.

The meeting brought together representatives from treaty bodies, United Nations agencies and a wide range of NGOs to assess the gender dimensions of human rights, track progress since the ICPD and other international conferences, and encourage collaboration in the development of indicators to monitor rights related to women's health. In their analysis of progress to date, meeting participants analysed the impact of clinical services, health systems and other underlying factors on the attainment of sexual and reproductive health rights.

The meeting concluded with the issuing of a set of recommendations – directed to treaty bodies, United Nations entities, states and NGOs – to promote the attainment of reproductive and sexual health by women and men alike.

11. **Gender mainstreaming** was a priority for the Fund in its core programme areas, in its operations in emergency situations, and within the organization itself. To build national capacities to incorporate gender issues into programming at the country level, efforts were undertaken to strengthen the technical capacity of CSTs. Related activities included the development of a comprehensive training manual on gender, population and development, and a September workshop for the training of CST advisers. The Fund produced and piloted *A Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers and Managers*, which addressed ways to incorporate approaches to gender-based violence into reproductive health care planning. Studies were conducted on female genital cutting and violence against women and girls, and a strategy was developed for the integration of a gender perspective in conflict situations. The Fund continued to support special initiatives by other United Nations agencies aimed at empowering women and girls and eradicating

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female genital cutting and other harmful practices. It also participated in inter-agency task forces on women, peace and security; gender mainstreaming in programme budgets; and mainstreaming a gender perspective in United Nations Common Country Assessments (CCAs) and United Nations Development Assistance Frameworks (UNDAFs).

12. Since gender mainstreaming is about men as well as women, UNFPA undertook a comprehensive review of issues and experiences in partnering with men in issues related to reproductive health, including the prevention of violence against women. The Fund drew attention to the need to better understand socialization processes and stereotypical interpretations of masculine behaviour, and made recommendations regarding data collection, service delivery, advocacy and behaviour change, and approaches for involving adolescent males. These findings and recommendations were consolidated into the technical paper *Partnering: A New Approach to Sexual and Reproductive Health*, which was disseminated to UNFPA country offices and partners to help build national capacities to programme for male involvement. UNFPA remained committed to achieving gender equity in its own organization as well: women now account for nearly half of all professional posts, and more than half the members of the Fund's Executive Committee, including the new Deputy Executive Director for Management, are women.

Box 6

Empowering Women

"Everything we have learned over the past decade shows that when women are empowered—through economic opportunity, health care and education—the benefits go far beyond the individual. Families, communities and nations are better off. Population growth slows, economic growth is stronger, and countries have more capacity, as well as more room, to make choices which favour sustainability."

From a statement by the Executive Director,
during a panel discussion at the Third Prepcom for the World Summit on Sustainable Development

13. Since 1994, when it formalized and increased its emphasis on **emergency response and humanitarian assistance**, UNFPA has supported emergency reproductive health projects in more than 50 countries and territories. In 2001, the Fund raised awareness about reproductive health needs in emergencies and increased the capacity of its country offices and partners to respond quickly and effectively. At the global level, the Fund provided continued support for a project on training and advocacy for reproductive health services in emergency situations, which trained some 90 relief workers and health professionals from more than 30 countries (see box 14). In November, UNFPA organized a three-day meeting on "The Impact of Conflict on Women and Girls" in Bratislava, which convened more than 50 experts from governments, United Nations agencies and NGOs to review progress and experiences accumulated in a range of conflict situations. Participants agreed that actions to protect women's rights and meet their specific needs should become a standard part of crisis

response, and compiled a set of recommendations to be incorporated into emergency response programmes to ensure that refugee care and peace-building efforts consistently address reproductive health issues and gender-based violence.

Box 7**Emergency assistance to Afghanistan**

UNFPA assistance to Afghan families was resumed in December 1997, when a UNFPA-funded clinic in the walled city of Ghazni, between Kabul and Kandahar, was opened to offer reproductive health care to some 70,000 Afghan women and children. This and other UNFPA supported projects also built local capacity by providing training for traditional birth attendants and midwives, and helping to upgrade clinics dedicated to maternal health care. Beginning in July 1998, UNFPA also provided support to Afghan refugees living outside the country by working with the United Nations High Commissioner for Refugees to provide urgently needed reproductive health information and services to over 1 million Afghan refugees living in Pakistan. UNFPA also helped open clinics and trained midwives serving refugee communities in the Islamic Republic of Iran.

The Fund's presence and experience enabled it to act quickly when massive numbers of Afghans, including thousands of pregnant women, fled their homes to escape armed conflict in September 2001. The Fund pre-positioned emergency relief supplies in the countries bordering Afghanistan for the anticipated influx of refugees into neighbouring countries and, where possible, for distribution inside Afghanistan. The Government of Luxembourg responded to the Fund's call for \$4.5 million to support a six-month effort to provide displaced Afghan women with life-saving reproductive health care services. Its generous donation allowed the Fund to provide an integrated package of reproductive health care services, including essential obstetric care, basic equipment and supplies, training and operational support. The initial operation was also supported with donor contributions from Italy, the Netherlands, Norway and the United States.

Since the fall of the Taliban, UNFPA has been a vital partner in the United Nations Assistance Mission to reconstruct Afghanistan. The Fund is working with the Ministry of Public Health to coordinate national and international efforts to improve the reproductive health status of Afghan women, which after two decades of war and the oppressive rule of the Taliban is among the worst in the world. UNFPA is also helping to strengthen the national statistics and data system and is supporting the establishment of regional and provincial statistics offices to help prepare for a national population and housing survey, which will create a database for improved socio-economic planning. UNFPA continues to support internally displaced Afghans, as well as refugees still living in the neighbouring countries of the Islamic Republic of Iran, Pakistan, Tajikistan, Turkmenistan and Uzbekistan. In these countries, the Fund is working with governments, NGOs and international agencies – including UNHCR, UNICEF, the International Organization for Migration (IOM) and WHO – to provide reproductive health care and supplies, and support for educational services in refugee camps and other settings.

14. While its activities in Afghanistan constituted the Fund's largest humanitarian operation ever, emergency assistance was provided in 2001 to people fleeing armed conflict and natural disasters in other parts of the globe as well. Following a massive earthquake in Gujarat, India, the Fund dispatched emergency resources and personnel to equip 12 mobile health clinics to provide reproductive and other health services in areas devastated by the quake. In Sudan, the Fund established clinics and provided reproductive health kits, containing contraceptives and materials for safe child delivery, for nearly 70,000 Eritrean refugees. In El Salvador, assistance was provided to thousands in the aftermath of massive earthquakes, in the form of emergency supplies, health centre delivery equipment, tools for safe blood transfusions and HIV prevention, and special instruments for caesarian sections, resuscitation and other delivery-related complications. In Colombia, which has the highest number of internally displaced persons in Latin America, UNFPA continued its support for a three-year programme aimed at making reproductive health and gender issues an integral part of humanitarian relief efforts. In the Democratic Republic of the Congo, the Fund worked with the Ministry of Health to establish centres where young people affected by the war could obtain reproductive health-related information, counselling and services. Emergency reproductive health assistance was also provided to internally displaced populations in Liberia, the Occupied Palestinian Territory, and the Central African Republic.

15. As part of the lead-up to the Second World Assembly on Ageing held in April 2002, UNFPA helped focus attention on the speed of **population ageing** and worked with partners to influence public policy to respond to its challenges, especially meeting the needs of the older poor, with a particular emphasis on women. The Fund also organized a meeting of experts on population ageing in Valetta, Malta, in October.

Box 8

Meeting the Needs of Older Persons

Though its interregional programme, UNFPA provided support to the International Institute on Ageing (INIA) in Malta to enhance developing countries' capacity in the area of population ageing. INIA trains policy makers, programme personnel, educators, and other professionals from developing countries in effective ways to address the growing needs of older persons, especially the poor. In 2001, INIA, with UNFPA support, organized *in situ* courses in China, Singapore and Tunisia. These courses have already trained more than 900 professionals.

16. UNFPA intensified its efforts to mainstream a **results-based management** (RBM) approach in its programming, and to build the capacity of headquarters staff, country offices, CSTs, and national partners to manage for results. This was viewed as critical not only to maximize the impact and effectiveness of the Fund's work but also to respond to increasing demand by donor countries for development organizations to demonstrate more concrete, measurable results. Continued implementation of the multi-year funding framework (MYFF) and the development of country programme results information systems helped improve the collection and analysis of data on results at

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the field level. The Fund also organized an RBM orientation workshop for CST members, disseminated an RBM orientation guide, finalized more than 20 results-oriented country programmes and reviewed the programming guidelines to ensure that the RBM approach was built into the strategic stages of programme planning, monitoring and evaluation. Extensive additional efforts were planned for 2002 as it was evident that much more needed to be done for RBM to become completely internalized by all staff and applied systematically. Additional staff were dedicated to the branch overseeing RBM activities at the end of 2001 to help strengthen capacity in mainstreaming RBM and the MYFF in all the Fund's activities.

17. In decision 2001/11, the Executive Board endorsed a proposal for **harmonizing the programming processes of UNFPA and UNDP**. The decision enables Board members to contribute comments on country programmes prior to their finalization while ensuring that the programming process is country-led and country-driven and based on national priorities and needs. Country programmes will now adopt a common format for programmes, which includes a framework to link resources and results. Harmonized programming – along with sector-wide approaches (SWAp), Poverty Reduction Strategy Papers (PRSPs), CCAs and UNDAFs, and similar inter-agency initiatives – is expected to increase efficiency and synergies among development organizations to maximize their impact.

Box 9**“Success Stories in Developing Countries”**

Global targets *can* be met – for the reduction of maternal mortality, HIV/AIDS infection, and other poverty-related diseases. That was the message of “Health, a Key to Prosperity: Success Stories in Developing Countries,” a 2001 report released by UNFPA, WHO, UNAIDS, UNESCO, UNICEF and the World Bank. Citing success stories from 20 countries where communities have imaginatively mobilized their knowledge, skills and resources to achieve impressive results, the study asserts that the targets set by world leaders at recent summits *are* feasible. What is needed are the funds and systems that will enable widespread implementation of proven strategies.

The report identifies six common characteristics of programmes that have succeeded in reversing the spread and impact of poverty-related diseases: political commitment, strong partnerships, innovation, availability of supplies, measuring results, and promoting the home as the first hospital. This last characteristic relies in particular on the training and education of mothers, long a UNFPA strategy.

One example cited was Sri Lanka. Although more than a third of the country's population lives below the national poverty line, maternal mortality fell by more than half between 1990 and 1998. Over 96 per cent of deliveries are now attended by a skilled birth attendant. Over 90 per cent of deliveries take place in a health facility. And contraceptive use among married women has risen to over 60 per cent. The achievements are the result of increased government commitment to improving education and health care, improvements in the status of women, and rising female literacy rates, bearing out the message of UNFPA and its key partners that sustained efforts in these critical areas can turn the tide.

18. UNFPA strengthened its **collaboration with the World Bank** in 2001. In the area of reproductive health, the two organizations continued to co-sponsor, together with UNDP, the WHO Special Programme on Research, Development and Research Training in Human Reproduction. UNFPA and the World Bank Institute also partnered in a number of capacity-building initiatives. They designed and delivered a workshop in December on reproductive health and health sector reform, and jointly planned, along with WHO, the workshop "Effective Partnerships to Accelerate Implementation of Reproductive Health Programmes," held in January 2002.

19. The Fund's **Technical Advisory Programme (TAP)** was adapted to ensure more strategic interventions and to increase flexibility and reliance on national and regional human resources. Under the new arrangements for the programme, approved in a decision by the Executive Board in February 2002, it was determined that the CSTs would develop a roster of national and regional personnel and institutions capable of providing technical support. The CSTs would be given supplementary budgets for knowledge sharing and training for national capacity building, and would work more closely with UNFPA headquarters and other partners to develop more effective approaches to national capacity building.

20. The news on the **resources** front was mixed in 2001. Regular resources income was approximately \$268.7 million, less than the amount projected in the MYFF. The Government of the Netherlands was again the Fund's biggest donor, with an end-of-year contribution of \$2.1 million that brought its total pledge for 2001 to approximately \$50.3 million. Income from other resources continued to increase, totalling \$123.5 million in 2001, in excess of their \$70 million target. Also encouraging was the fact that UNFPA again surpassed its donor target, with a record 121 donors contributing to the Fund's resources in 2001, representing a near doubling in only three years. The fact that this increase came almost entirely from programme countries indicated an unprecedented level of commitment to the Fund's work by the countries it serves. Still, much of the Fund's work continued to be endangered by the lack of a predictable and assured core resource base. The Fund's core resources have remained below pre-ICPD levels since 1999 and there was uncertainty regarding the continued support of one of the Fund's biggest donors in 2002. The continued decline in core resources meant that expenditure ceilings for country programmes had to be cut in a number of cases, and some programme activities had to be pared down, postponed or even cancelled. A number of divisions at headquarters reported diminished capacity due to unfilled vacancies. The Fund continued to seek multi-year pledges within the context of the MYFF adopted by UNFPA in 2000 to ensure greater stability and predictability in terms of its resource base, but as of December 2001, only five of the Fund's 16 major donors had made such pledges. The second report on the implementation of the MYFF is presented in Part II of this year's annual report, DP/FPA/2002/4 (Part II).

II. CAPACITY-BUILDING ACTIVITIES

21. As the lead agency in the implementation of the ICPD Programme of Action, UNFPA is committed to developing national capacities to integrate reproductive health, population and gender into policy making and development planning, and for the effective design and implementation of

reproductive health programmes. Capacity building is one of the four principal MYFF strategies adopted by UNFPA to help its programme countries meet their population and development objectives. The growing trend towards country-led development frameworks and mechanisms, including the UNDAF, PRSPs and SWApS, places more emphasis than ever before on building national capacity for policy and programme formulation and implementation. Sectoral reforms, including the decentralization of services and decision making, require intensive capacity building at all levels. In 1998, General Assembly resolution 53/192 affirmed that "capacity building and its sustainability should be explicitly articulated as a goal of technical assistance provided by the operational activities of the United Nations system at the country level, with the aim of strengthening national capacities in the fields of, *inter alia*, policy and programme formulation, development management, planning, implementation, coordination, monitoring and review". A working definition of capacity building, adopted by the Administrative Committee on Coordination (ACC) in 1999, is given in box 10 below.

Box 10

A Definition of Capacity-Building

"Sustainable capacity-building encompasses the building of organizational and technical abilities, behaviours, relationships and values that enable individuals, groups and organizations to enhance their performance effectively and to achieve their development objectives over time. It includes both strengthening the processes, systems and rules that shape collective and individual behaviour and performance in all development endeavours as well as people's ability and willingness to play new developmental roles and to adapt to new demands and situations."

Capacity-building and UNFPA programmes

22. National capacity-building and promoting national ownership of the development process are key aspects of UNFPA programming, from support for population and reproductive health policy formation at the national level to the training of reproductive health care personnel at the local level. UNFPA programmes seek to build national capacity by increasing knowledge of reproductive health and population and gender issues, and by improving skills in programme design, management, monitoring and evaluation, and in the reporting, collection, analysis and dissemination of data.

23. In 2001, UNFPA increased its emphasis on building national capacity in efficient and effective programme management by strengthening a results-based approach in its programming. Workshops were held on the use of the logical framework, and activities aimed at building the capacity for joint needs assessment and joint planning within the context of national development frameworks were carried out as well. Numerous country offices have already reported increased capacities for results-oriented programming and planning among their national partners.

24. A thematic evaluation of capacity-building in the Fund's activities was initiated by UNFPA in May 2001. Data were collected from five case countries of varying programme size and complexity: Brazil, Egypt, Côte d'Ivoire, Nigeria and Viet Nam. The purposes of the evaluation were: (a) to assess the effectiveness of the Fund's work in developing the reproductive health and population and development capacities of national governments, NGOs and other development partners; (b) to highlight what has worked and what has not worked, and to examine why; and (c) to compile best practices and make recommendations for future programme strategies, operational procedures, and organizational changes required to increase the effectiveness of capacity-building interventions. Preliminary findings available in early 2002 revealed that the Fund allocated about two-thirds of its total spending to capacity-building activities in the context of national execution and ownership during the period 1998-2001. Essential capacity building activities included training for national counterparts at various levels, improving technical and organizational systems and processes, and support for advocacy initiatives. One of the chief findings of the evaluation was that despite a large number of successful and innovative initiatives, capacity building interventions were usually the product of the knowledge and initiative of individual staff members rather than the results of an organization-wide strategic approach. The evaluation also indicated the need to develop tools and frameworks to assist staff with capacity analysis, and to collect and disseminate existing knowledge and experience so that it can be accessed and applied systematically. The complete findings, conclusions and recommendations of the evaluation were to be circulated to UNFPA staff in the second half of 2002, to form the basis for a workshop and to help strengthen and streamline capacity building in future programming.

Capacity building in reproductive health

25. UNFPA is committed to ensuring that women and men of all ages have access to essential reproductive health information and services, including family planning. In 2001, the Fund invested considerable resources in building human capacity in this area. Health and community workers at all levels of the health care system were trained in reproductive health care service provision. A series of workshops were held to develop national strategies for management and logistics, including training and quality assurance. Appropriate instruments were disseminated to countries to enable them to better manage their logistics systems. The Fund also worked to strengthen service delivery points to ensure they were adequately equipped to provide essential reproductive health information and services. And in several countries, the Fund focused its efforts on leveraging partnerships with NGOs, women's organizations, and religious and community leaders to increase availability of reproductive health services.

Box 11

The Islamic Republic of Iran: Building National Capacity to Strengthen Reproductive Health

A UNFPA-supported programme covering five remote, hard-to-reach provinces in the Islamic Republic of Iran is working to strengthen the technical capacity of the Ministry of Health and Medical Education (MOHME) to improve the accessibility, management and quality of reproductive health services. UNFPA and MOHME decided to focus on two districts in each of the five provinces – one performing above average with regard to reproductive health service provision, and one performing relatively poorly – and to design programmes for each based on local priorities, strengths and weaknesses. The following is a partial list of what was achieved in 2001:

- The number of service delivery points offering reproductive health services was increased.
- In the provinces of Beshehr and Golestan, indirect training was used to train Behvarzes on why Pap smears are important, how to perform them, and how to improve screening quality. As a result, the number of Pap smear referrals increased in 2001.
- Two 24-hour safe delivery facilities were established and equipped in the province of Sistan-Balouchestan. Women can give birth at these facilities free of charge.
- In Kordestan, UNFPA assisted health officials in developing quality standards for reproductive health programmes, and helped them learn to identify existing problems and gaps in service delivery and to prioritize interventions accordingly. Mobile family planning teams were established to improve accessibility of services in rural areas.
- Reproductive health training sessions and seminars were held at the community level in all programme provinces. These were targeted to all eligible men and women – including government personnel, shop owners, volunteers, and newly married couples – and included briefings for local decision makers.
- Training courses were held in Teheran to increase the knowledge and teaching capacity of volunteers, newly married couples and traders and shop owners regarding HIV/AIDS and other sexually transmitted infections.

26. Another way UNFPA builds local capacity is by supporting the development and implementation of clinical norms and standards for reproductive health service delivery. In 2001, the Fund carried out such activities in many countries, including Burkina Faso, Dominican Republic, Kazakhstan, Mauritania, Philippines, and Tajikistan. The Fund also took the lead in the development of a common framework for country assessment of capacity to meet reproductive health commodity needs. This resulted in the formulation of specific recommendations for ways to further strengthen existing logistics systems and policies. The development of normative instruments, combined with the integration of reproductive health services into health worker training, has contributed to strengthened capacity for the delivery of quality reproductive health care.

Box 12

West Africa: Building Capacity for Emergency Obstetric Care

As a component of the interregional programme "Making Safe Motherhood a Reality," UNFPA is working in the West Africa region to build the capacity to increase the availability and use of Emergency Obstetric Care (ECC). Key elements related to capacity building include fostering collaboration between country offices, CSTs and governments; building consensus; and promoting knowledge sharing with international and national consultants and academic institutions.

UNFPA began by working with governmental teams to collect data and conduct needs assessments on EOC in five West African countries: Cameroon, Côte d'Ivoire, Mauritania, Niger and Senegal. Similar data collection and needs assessment will be carried out in the Gambia, Gabon and Guinea Bissau, and, eventually, in every country in the sub-region. This staged approach was selected because it is the most efficient way to leverage the experience of countries and personnel that have already participated in the exercise. The UNFPA national programme officer from Senegal, for example, served as a consultant during needs assessment in Gabon and Guinea Bissau.

The programme builds capacity by promoting cost effectiveness and the ability to use indicators to programme for results. The cost of data collection and needs assessment in each country averages only \$50,000, thanks in part to the incorporation of lessons already learned. The mapping of obstetric services helped to identify those sites most in need of support and expansion of services. Project proposals were then drafted for those areas, in collaboration with governments and donors, and solid funding has already been mobilized for three countries, with funding for at least two others, and eventually the entire sub-region, likely to follow. Thanks to a relatively small investment by UNFPA, the needs assessment project has already been a success as it has helped jump-start promising initiatives that are partially or fully owned by the governments.

Capacity-building in population and development strategies

27. Taking population and demographic dynamics into account, and recognizing how they are linked with poverty, environment, and socio-cultural and economic conditions, is key to accelerating development and reducing poverty. The Fund helps build the capacity of policy planners, decision makers and trainers in this fundamental area, and works to strengthen national capacities to monitor and analyse population trends and integrate population and gender issues into development programmes. More than 1,000 professionals from 120 countries have been trained through the Fund's Global Training Programme, in a network of regional training centres. Approximately half of the trainees have been women.

Box 13

Building Capacity for Cost-Effective Censuses

In November 2001, UNFPA and the PARIS21 Census Task Team – working in partnership with the United Nations Statistics Division, EUROSTAT and the United States Census Bureau – helped organize an international expert group meeting on census taking in Pretoria, South Africa. The meeting brought together, for the first time, census professionals from around 60 countries. About two-thirds of the participants were from developing countries, and a third were representatives of developed countries, donors and multilateral agencies. Participants shared their experiences in national census taking, and identified best practices and common problems, especially in relation to cost-saving approaches and making better use of census data. The meeting, which called for more national and international advocacy in support of population censuses in developing countries, facilitated greater North-South exchange and collaboration, and helped identify cost-effective strategies to support national capacity building of statistical offices for census taking in developing countries.

28. Under its interregional programme, UNFPA supports a project with the International Institute for Applied Systems Analysis in Austria (IIASA) to promote access to key population-related information, via Internet, by professionals in developing countries. Cyber-seminars connect networks of professionals, academics, practitioners, government officials, NGO staff, and other interested individuals, and enable them to access and exchange lessons learned and best practices. The exchanges also contribute to policy discussions on the linkages between population dynamics and sustainable development, and have fed into the Rio+10 process.

29. Community leaders, managers and other decision makers must have accurate and relevant data to make informed decisions about population policy and programmes. UNFPA helps develop appropriate tools for use by population planners, such as geo-referenced information systems. The Fund also works to strengthen capacity for enhancing statistical and information systems, supports population teaching and research institutes, and contributes to a number of studies and operational research initiatives. Studies and research projects such as these build national capacity for policy formulation, programme development and monitoring, and advocacy, and serve as replicable models for other studies.

Capacity building and advocacy

30. In all its programmes, UNFPA devotes special attention to gender sensitivity. It contributes to the development of school curricula that give special attention to eliminating gender stereotypes that perpetuate gender bias and gender inequality. These curricula include family life education modules,

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with emphasis on life skills, and sexual and reproductive health, including family planning and HIV/AIDS. To ensure sustainability, the Fund's approach is to maximize the involvement of NGOs and civil society in the prevention of violence against women. In countries like Burkina Faso, Cameroon, Central African Republic, and Nepal, the Fund has encouraged research into gender-based violence to inform policies and programmes. In this way, the Fund builds national capacity at the institutional level to foster an enabling environment for achieving gender equality.

Box 14**Morocco: Fighting Violence Against Women**

The UNFPA country office in Morocco has teamed up with French Cooperation to build the capacity of the Moroccan Association for Women's Rights, a local NGO, to address violence against women. In addition to individual support for individual victims of violence, the joint project has allocated funds to computerize and analyse the 1,500 cases already recorded. The project is also committed to advocacy efforts, and organizes workshops and conferences dealing with *Mudawana*, the Moroccan Code of Personal Status, which is based on Islamic law.

31. The Fund works with governments and civil society to raise awareness about practices that are harmful to women's reproductive health. UNFPA has strengthened the capacity of governments and NGOs to mobilize communities against harmful practices such as female genital cutting in several countries. Support is provided to managers, health service providers, NGOs, and community groups to advocate against such harmful practices. Some countries, such as Guinea, have now passed legislation against female genital cutting, a sign that these efforts have begun to bear fruit.

32. UNFPA has established a distance learning programme to address capacity building needs in issue areas related to population and reproductive health. Through a grant from the United Nations Foundation—and in cooperation with the United Nations Staff College/International Labour Organization Training Center in Turin, Italy, and technical units of the Fund—six courses have been developed: Reproductive Health, HIV/AIDS, Maternal Mortality Reduction, Gender, Advocacy, and Adolescents. The project was conceived as a cost-effective complement to traditional face-to-face or campus-based training and learning and aims to use the methodology of distance learning and modern information technology as vehicles for building staff knowledge in these key programme areas. In 2002, the project was up for review for integration into the Fund's training and learning structure and activities.

Capacity-building in emergency situations

33. The most visible elements of emergency response are those that focus on the provision of equipment and supplies to people affected by disaster. But UNFPA also supports activities to build the

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capacity of country offices, governments, NGOs, and health workers to respond more quickly and effectively to crises. The Fund provides training to improve emergency response, raises awareness of the need to protect reproductive health in crisis situations, and teaches national programme planners how to assess needs, plan and execute projects, and monitor and evaluate progress. Examples of training activities include regional workshops for humanitarian workers, training programmes for health care professionals at the local level, and training of trainers.

Box 15**Training on reproductive health in emergency situations**

In close cooperation with UNHCR, the International Federation of Red Cross and Red Crescent Societies, and other NGOs, UNFPA provided continued support in 2001 to a Belgian-funded project to train health professionals from 30 countries in the provision of reproductive health services in emergency situations. In March, UNFPA and its partners provided training courses for relief workers and health professionals from Francophone Africa. The courses were held in Mauritania and prepared participants to better coordinate reproductive health services as part of relief efforts, and to mediate between vulnerable populations and the international and national agencies that serve them in crisis situations. Participants were also trained in participatory techniques for involving affected populations in decision making regarding reproductive health service provision. The project, which ran from 1999 to 2001, formed the basis of a subsequent project on adolescent reproductive health in crisis situations.

III. TRANSITION ACTIVITIES

34. To ensure that the Fund and its operations remain relevant and effective in the face of new opportunities and challenges, the Executive Director initiated an organization-wide transition process upon taking office in January 2001, with five principal aims: (a) to develop and implement a strategic vision of the Fund's goals and operations; (b) to realign the structure of the Fund to provide greater and more effective support to the field; (c) to invest in and develop UNFPA staff; (d) to improve knowledge sharing and communications, both within UNFPA and between the Fund and its partners; and (e) to increase the visibility of UNFPA and its achievements.

35. External support for the transition was generous and broad-based. The Governments of Sweden, Switzerland, and the United Kingdom made considerable contributions, as did the United Nations Foundation, which sought to provide matching funds for funds pledged through it. Other contributors included The Bill and Melinda Gates Foundation, The William and Flora Hewlett Foundation, The Kaiser Family Foundation, The David and Lucile Packard Foundation, The John D. and Catherine T. MacArthur Foundation and The Rockefeller Foundation.

36. To provide a strong basis for the transition exercise, and to obtain a country-office perspective on the Fund's strengths and weaknesses, a field needs assessment study was conducted in June-July 2001, in which four teams, supported by external consultants, travelled to 14 programme countries: Cambodia, Colombia, Democratic Republic of Congo, Djibouti, Ethiopia, India, Jordan, Kyrgyzstan, Mexico, Nicaragua, Nigeria, Pakistan, Thailand and Yemen. The teams solicited detailed information on a large set of issues from country office staff and CSTs, as well as from representatives of the Government, bilateral agencies, NGOs, and other United Nations staff in the countries visited. Ideas and suggestions were also solicited from UNFPA staff working in other country offices. The resulting study yielded a large number of recommendations, and formed the primary basis for the transition exercise.

37. The Executive Director established thematic working groups to cover the five main transition components, plus finance, to ensure that the transition would be implemented in the shortest time possible and with the full support of UNFPA staff, particularly those working in the field. The Executive Committee reviewed the field needs assessment study in the fall of 2001, and determined that a significant number of recommendations would be implemented directly by management, while those requiring further work would become the focus of the working groups, which became operational in September. Each working group was composed of at least 50 per cent field staff and was assisted by external consultants. The groups focused on the recommendations of the field needs assessment study and drew on work already completed in headquarters in the preceding three years. The Fund's intranet was configured to allow all staff, in headquarters and in the field, to participate. By year-end, each transition working group had convened at least one face-to-face workshop with field and headquarters colleagues to assess the situation under their review, identify core issues, and develop a comprehensive work plan. A small team working directly with the Executive Director was given responsibility for overall management of the transition exercise and for providing necessary support to the working groups.

Strategic direction

38. The strategic direction working group focused on a situational analysis of the environment in which UNFPA works and ways to institutionalize strategic thinking into the daily work of all UNFPA staff. The team completed a situational analysis based on: (a) global trends and issues and their implications for the Fund; (b) external stakeholders' perceptions of UNFPA; and (c) issues of organizational effectiveness as they relate to strategic thinking and planning. As part of this analysis, the working group organized a series of panel discussions with external experts. One of these was the panel on culture and religion held at the United Nations Secretariat on 8 November (see para. 10). Another panel discussion involving external experts was held at UNFPA headquarters on 12-13 November, on the issue of global trends and their implications for the work of UNFPA. Panel topics included HIV/AIDS prevention and policy, health systems and health care reform, reproductive health and rights, population and development strategies, and a panel on human rights, ethics, reproductive law and policy. The two-day event was broadcast live on the intranet to allow field offices to participate. A draft strategic assessment highlighting critical issues, challenges and options facing the

Fund served as the basis for staff consultations. This assessment included recommendations for how to increase the impact of UNFPA programmes with regard to the achievement of ICPD goals and relevant Millennium Development Goals.

Organizational realignment

39. The needs of country offices were the primary focus of plans to realign the Fund's organizational functions and structure. Three major outputs were produced by the working group in 2001. The first was a draft country office terms of reference. The second was a draft country office typology, designed to provide a coherent system for planning and matching staff strength and office size and to ensure that the functions and roles of offices reflect local development situations. The third was a paper outlining the distribution of functions at headquarters and among CSTs. This analysis will form the basis for realigning of headquarters functions as well as determining the support needs of the field. In early 2002, the working group completed a review of UNFPA workflows in the country programme process, and the policy and guideline development process. Similar workflow analyses were planned for other organizational units, to complement the work already conducted on functional analysis and realignment.

Human resources

40. Transition activities in the area of human resources were managed by two separate working groups, dedicated to strategy and training, respectively. The human resources strategy working group prepared a timetable of outputs to be delivered in 2002, including: (a) a framework for a new human resources strategy, guiding principles and key elements; (b) policies, practices and systems required to support the strategy; and (c) a final human resources strategy, including an implementation plan and an analysis of financial implications, to be submitted to the Executive Board at its Second Regular Session in 2002. The working group also began to address other issues identified as priorities in the field needs assessment study, such as the review and simplification of UNFPA contractual arrangements, and a review of the Fund's internal recruitment processes and procedures.

41. The working group for human resources training looked at ways to transform the Fund's culture of training into a culture of learning. The group identified country training priorities in 2002 based largely on the draft country office terms of reference and the field needs assessment study, and began working to develop a new training and learning strategy as part of the new human resources development strategy.

Knowledge sharing and communications

42. In collaboration with UNDP and UNICEF, significant progress was made in improving connectivity of country offices through the upgrading of Internet and intranet services. The working group, supported by a leading knowledge sharing consulting firm, began its work in 2001 by focusing on how to adapt the culture of UNFPA to better synthesize and share knowledge and lessons learned.

The group developed a strategy proposal, completed in February 2002, focusing on three key elements: (a) how to maximize staff participation; (b) how to revise the Fund's internal instruments and processes to facilitate the capture, packaging and dissemination of information to users; and (c) technologies to facilitate communication among country offices and between headquarters and the field. The working group also planned a number of pilot activities, aimed at implementing the strategy through the development of select knowledge assets, to be concluded by November 2002.

External image

43. The image working group explored ways to promote the Fund among key segments of the global community and increase visibility of its mission and activities. In 2001, the group focused on how to develop a new organizational identity for UNFPA, recognizing that the Fund must do more to market itself to mobilize support for its themes and its work. Research was carried out to establish the level of stakeholder awareness of UNFPA issues and identity. Different identity options were to be presented to the Executive Committee by May 2002, and a plan for introducing the updated image was to be put into action by year-end.

Finance

44. Although not funded as a component of the transition process, a working group on finance also began work in 2001 on critical issues and procedures with the potential to reduce the workload of country offices and to improve financial planning, implementation and monitoring. These improvements would provide a basis for increasing decentralization to country offices. Issues addressed included clarification of local procurement procedures, identifying and resolving areas where procurement procedures differ with those of UNDP, and establishing national officer finance posts.

2002 and beyond

45. Following the completion of outputs of most of the working groups by April, the Fund designated 2002 as the year for implementing and testing the new strategies and systems developed by the working groups. Transition outputs planned for 2002 included: a positioning statement defining a common strategic direction for achieving greater progress with regard to the ICPD Programme of Action; finalization of a new human resources development strategy; the piloting and implementation of new strategies for knowledge sharing; the introduction of more streamlined administrative and financial systems for simpler and more reliable monitoring; and the launch of a new organizational identity to ensure that UNFPA becomes better known for its work and to counter harmful misinformation. These changes are expected to enhance the Fund's institutional capacity and its mechanisms for anticipating new challenges and opportunities so that resources can be managed more effectively. The transition exercise is to conclude in December 2002 with a final report on its achievements and on the implementation of the recommendations of the field needs assessment study.
